Brigham City Recreation Registration Form For MAJOR LEAGUE (5th & 6th Grade)

Participant's Name:	
Address (include city, zip):	Parent's Cell #:
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	& Release
consent to emergency medical or hospital chospital. This care may be given under wh life, limb, or well being of my dependant.	Treatment: I, on behalf of my child, hereby are that may be rendered by a physician or atever conditions are necessary to preserve the
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I authorize my child to participate in Major Baseball contains certain dangers and in follow written warnings or verbal instruction abilities. I will specifically look for and in signs. Knowing these risks, I believe th Major League Baseball outweigh any risk on behalf of my child, I agree to release employees from all claims arising from associated with my child's participation. It to keep my child from participating in any Photo In I hereby consent to allow my child'	nage Release s picture or likeness to appear in any official sion, radio or film coverage of the Recreation
Signature of Parent or Guardian	Date:
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I would be interested in:CoachingAssistant CoachingOfficiating	Name:Phone:

REFUNDS:

\$5.00 HANDLING FEE IF REQUEST FOR REFUND IS MADE BEFORE THE PROGRAM BEGINS 75% REFUND IF REQUEST FOR REFUND IS MADE AFTER $1^{\rm ST}$ WEEK OF PROGRAM 50% REFUND IF REQUEST FOR REFUND IS MADE AFTER $2^{\rm ND}$ WEEK OF PROGRAM 0% REFUND IF REQUEST FOR REFUND IS MADE AFTER $3^{\rm RD}$ WEEK OF PROGRAM